



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH METHODIST HOSPITAL

City of Hospital: Indianapolis

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0056

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5042734578
Outpatient Patient Service Revenue	\$4421690690
Total Gross Patient Service Revenue	\$9464425268

2. Deductions From Revenue

Contractual Allowance	\$6461332935
Other Deductions	\$-225990201
Total Deductions	\$6235342734

3. Total Operating Revenue

Net Patient Service Revenue	\$2862572292
Other Operating Revenue	\$1351535842
Total Operating Revenue	\$4214108134

4. Operating Expenses

Salaries and Wages	\$1163597351	Employee Benefits	\$227955862
Depreciation and Amortization	\$161170690	Interest Expense	\$39085389
Bad Debt	\$115876438	Other Expenses	\$1938859063
Total Operating Expenses	\$3646544793		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$567580841	Total Assets	\$1040013097
Net Non-operating Gains over Loss	\$570065609	Total Liabilities	\$1040013097

Total Net Gains	\$1137646450
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$3280190590	\$2588032636	\$692157954
Medicaid	\$2656967406	\$1981965311	\$675002095
Other Government	\$134988788	\$110412177	\$24576611
Other State	\$0	\$0	\$0
Other Payers	\$3392278776	\$1670809104	\$1721469672
Total	\$9464425560	\$6351219228	\$3113206332

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$435853	\$13241986	\$-12806133

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$11000000	\$-11000000

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$16699933	\$114110637	\$-97410704
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	614
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	3411

Statement Six: Charity Statement

Hospital Charity Charges	\$139432243
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$50265363	
HCI Payments	\$0		
Subtotal	\$0	\$50265363	\$-50265363
Medicaid Shortfalls	\$577411640	\$1043427963	
Subtotal	\$577411640	\$1093693326	\$-516281686
DSH Payments	\$0		
Subtotal	\$577411640	\$1093693326	\$-516281686
Medicare Shortfalls	\$377633379	\$419198201	
Other Government Programs	\$0	\$0	
Total	\$955045019	\$1512891527	\$-557846508

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$38148916	\$46391939	\$-8243023
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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